

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD COUNTY

Form Prescribed By  
Indiana State Board of  
Health under Authority  
of IC 31-11-4-4

Book 101  
Page 19  
April 14, 2000  
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license.  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 ☒ No ☐ Yes  
If No, Medical Examination or Report Dated 4-7-00  
Name of Physician MD

MALE APPLICANT				
Name	First	Middle	Last	
	Adam	P.	Riggs	
Date of Birth	Month	Day	Year	
	03	27	79	
Place of Birth (State or foreign country)				
Ky				
Residence Address	Street or R.R.	City	County	State
3542 Padi Pike Floydshrobs Ind				
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date				
Date of Birth Verified By: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify)				
<u>IN. Drivers License</u>				
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes", has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>				
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
5. List the full names of any dependent children.				
6. (a) Full name of applicant's father <u>Paul Riggs</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>IN.</u> Birthplace of father (State or foreign country) <u>IN.</u> (b) Full maiden name of applicant's mother <u>Betty McLaughlin</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>IN.</u> Birthplace of mother (State or foreign country) <u>IN.</u>				

FEMALE APPLICANT				
Name	First	Middle	Last	
	Rhonda	J.	Reynolds	
Date of Birth	Month	Day	Year	
	08	13	80	
Place of Birth (State or foreign country)				
Ky				
Residence Address	Street or R.R.	City	County	State
4343 Country View Dr. Floydshrobs Ind				
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date				
Date of Birth Verified By: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify)				
<u>IN. Drivers License</u>				
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes", has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>				
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
5. List the full names of any dependent children.				
6. (a) Full name of applicant's father <u>SOB Reynolds</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>IN.</u> Birthplace of father (State or foreign country) <u>Ky</u> (b) Full maiden name of applicant's mother <u>new skaggs</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>IN.</u> Birthplace of mother (State or foreign country) <u>Ky</u>				

ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	Date
<u>Adam P Riggs</u>	<u>4-14-00</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date

ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	Date
<u>Rhonda Reynolds</u>	<u>4-14-00</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date

State of Indiana	)	I swear/affirm that the information given
County of Floyd	)	in this application is true and correct.
Signed	<u>Adam P Riggs</u>	
New Address		
Subscribed and sworn to before me this	<u>15th</u>	day of <u>April 2000</u>
<u>Eugene Freiberger</u>	Clerk of the Floyd Circuit Court	

State of Indiana	)	I swear/affirm that the information given
County of Floyd	)	in this application is true and correct.
Signed	<u>Rhonda Reynolds</u>	
New Address		
Subscribed and sworn to before me this	<u>14th</u>	day of <u>April 2000</u>
<u>Eugene Freiberger</u>	Clerk of the Floyd Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana	)
County of Floyd	)
Father	ID #
Mother	ID #
Subscribed and sworn to before me this	day of
	Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana	)
County of Floyd	)
Father	ID #
Mother	ID #
Subscribed and sworn to before me this	day of
	Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated <u>April 14, 2000</u> , authorizing the marriage of <u>Adam P. Riggs</u> and <u>Rhonda J. Reynold</u> .	
I further certify that the following marriage certificate was filed in my office: I, <u>REV. John Geis</u> (name), certify that on <u>June 3, 2000</u> (date), at <u>Floyds Knobs</u> in <u>Floyd</u> County, <u>Indiana</u> (state), and <u>Adam P. Riggs</u> of <u>Floyd</u> County, <u>Indiana</u> (state), and <u>Rhonda J. Reynold</u> of <u>Floyd</u> County, <u>Indiana</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated <u>April 14, 2000</u> . Signed by: <u>REV. John Geis</u> , <u>Priest</u> (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>June 9, 2000</u> (date).	

Signed Eugene Freiberger Clerk  
Floyd Circuit Court